

Case Number:	CM15-0240598		
Date Assigned:	12/17/2015	Date of Injury:	06/09/2015
Decision Date:	01/29/2016	UR Denial Date:	11/10/2015
Priority:	Standard	Application Received:	12/09/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Montana

Certification(s)/Specialty: Chiropractor, Oriental Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 34 year old female with a date of injury of June 9, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral carpal tunnel syndrome. Medical records dated September 28, 2015 indicate that the injured worker complained of bilateral wrist pain rated at a level of 5 to 6 out of 10. A progress note dated October 27, 2015 documented complaints of significant pain in the right wrist radiating upwards to the right upper extremity, shoulder, and neck. Records also indicate that the injured worker was six weeks pregnant and not taking medications. Per the treating physician (October 27, 2015), the employee had restrictions that included occasional over the shoulder activity on the right, no repetitive pinching or grasping on both sides, and typing for only thirty minutes per hour. The progress note dated October 27, 2015 documented a physical examination that showed tenderness to pressure over the bilateral wrists, and positive Tinel's sign bilaterally. Treatment has included physical therapy and previous medications. Electromyogram-nerve conduction velocity study of the bilateral upper extremities showed no indication of carpal tunnel syndrome or ulnar neuropathy. The utilization review (November 10, 2015) non-certified a request for six sessions of acupuncture for the bilateral wrists and hands.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Acupuncture for bilateral wrist and hands 2 times a week for 3 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Provider requested initial trial of 2X3 acupuncture sessions for bilateral wrists and hands which were non-certified by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Acupuncture is used as an option when pain medication is reduced or not tolerated, in this case patient is pregnant and is not taking any pain medication therefore treatment is medically necessary. Requested visits are within guidelines. Per guidelines and review of evidence, 6 Acupuncture visits for bilateral wrists and hands are medically necessary.